STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 1 9 2019

PLEASE PRINT

NEW HAMPSHIRE

I. Name of Lobbyist(s)	Jarah Fre	reman		DEFACTIVIENT	PESIMIE
II. Name of lobbyist's	partnership, firm or corpo	ration, if any:			
New Hampshice	alcohol + Other	soc Service	Anuilles Assoc	ciohin alklo	ASSOCIATION
Business Address: (Street	St. Ste. 400 (To	Concercl own/City)	(State)	(Zip Code)	
(603) <u>225-954</u> (Telephone)	<u>40 ()</u>	(Fax)	e-mail <u>Sarah</u>	hproudu	i wy
	vers: (Choose one – file sepansactions which are not at			file a separate rep	ort for
All reportable transa	actions occurring in the mon			following client:	t h
<u>OR</u>	(Full Name of Client as it appe ctions by the lobbyist (inclu-)	gistration Form)	Ssociation N	th Providers Association lich are
	April 24, 2019 (4) y from date of registration to 3. October 30, 2019 (1) ctivity from 7/1/19 to 9/30/19		July 31, 2019 y from 4/1/19 to 6/30/19 January 29, 2020 ty from 10/1/19 to 12/31/1	9	
	no fees received and no i omplete just this form and su				
☐ If you have received☐ If you have paid an Expense Reimbursement	Il reports are attached: d fees or made expenditures, honorarium or reimbursed e nt r your family has made polit	expenses, you must f	ile Addendum B – Repo	ort of Honorariums	
	rmation by Lobbyist SA 15-B, RSA 14-C and RSA It of my knowledge and belie		rear or affirm that the form $4/i9/2016$	regoing information	is true
Print Name of lobbyis	man	_			